

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

00MB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden

OMB Nui	mber: 3235-0076
Expires:	May 31, 2005
Estimated	average burden
hours per	response 1.00

Serial
IVED

1 5 6 6 6 8 0	•	L
Name of Offering(check if this is an amendment and name has changed,	and indicate change.)	
Series A Preferred Stock Offering		
Filing Under (Check box(es) that apply): Rule 504 Rule 505	☑ Rule 506 ☐ Se	ection 4(6) ULOE
Type of Filing: ☐ New Filing ☐ Amendment		
A. BASIC IDENTIFICATION	ON DATA	·
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name has changed, and in	ndicate change.)	
Retail Expansion Network, Inc.		
Address of Executive Offices (Number and Street, City, State		
6115 Harwood Ave. Suite 500, Oakland, CA 94618	SEC 10 653, 3139	
Address of Principal Business Operations (Number and Street, City, State	, Zip Code) Teléphone Nun	nber (Including Area Code)
(if different from Executive Offices) same as above	same as above	
Brief Description of Business	200-	PROCESSE!
Point of sale electronic funds finance service	1006	
		1111 9 9 9839
Type of Business Organization	· W SECTION	2010 6 6 6010
☐ corporation ☐ limited partnership, already formed		company THOMSON Z
☐ business trust ☐ limited partnership, to be formed	other: limited liability	Company
dustness trust infinited partitership, to be formed Month	Year	0 00 00-00 0 00000
Actual or Estimated Date of Incorporation or Organization: 12	1 ear 2005 ⊠Ac	tual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service		
	other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Michael Marubio Business or Residence Address (Number and Street, City, State, Zip Code) c/o Retail Expansion Network, Inc., 6115 Harwood Ave. Suite 500, Oakland, CA 94618 ☐ Promoter ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Robert Williams (Number and Street, City, State, Zip Code) Business or Residence Address c/o Retail Expansion Network, Inc., 6115 Harwood Ave. Suite 500, Oakland, CA 94618 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) John Stephens Downs (Number and Street, City, State, Zip Code) Business or Residence Address c/o Retail Expansion Network, Inc., 6115 Harwood Ave. Suite 500, Oakland, CA 94618 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Michael McGuiness Business or Residence Address (Number and Street, City, State, Zip Code) c/o Retail Expansion Network, Inc., 6115 Harwood Ave. Suite 500, Oakland, CA 94618 ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Andrew K. Boszhardt, Jr. (Number and Street, City, State, Zip Code) Business or Residence Address c/o Great Oaks Capital Management, LLC, 660 Madison Ave., 14th Floor, New York, NY 10021 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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												Ye	es No
ſ.	Has the iss	suer sold, o	or does the	issuer inte	end to sell,	to non-ac-	credited in	vestors in	this offerir	ıg?			
				Answe	er also in A	Appendix,	Column 2,	if filing u	nder ULOI	Ξ.			
2.	What is th	e minimur	n investme									\$n	ı/a
							•					Y	
3.	Does the o	ffering ne	rmit ioint	nwnershin	of a single	unit?							- ·
3. 4.			•	-	_] ' [2]
٦.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person												
	to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the												
	name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	may set fo	rth the info	ormation f	or that bro	ker or deal	ler only.							*
-Full	Name (Las	t name fir	st, if indiv	idual)									
			11 01		2		<u> </u>						
Bus	iness or Res	sidence Ac	idress (Nu	mber and	Street, City	y, State, Zi	p Code)						
		1 2 1											
Nar	ne of Assoc	iated Brok	er or Deal	er									
	. 33/1 1 1	D I		7 11 14 1	T	C 11.11 D	1 .						
Stai	es in Which Check "A											<u></u>	All States
	[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[CO]	[ME]	[MD]	[DC]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	· [NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
				[NA]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[UK]	[PA] [PR]
	[RI]	[SC]	[SD]	[TN]	[TX]	[01]	[^1]	[VA]	[WA]	[MV]	[MT]	[MI]	[PR]
Ful	Name (Las	t name fir	st, if indiv	idual)				·					
Bus	iness or Re	sidence Ac	ldress (Nu	mber and S	Street, City	, State, Zi	p Code)						
													<u> </u>
Nar	ne of Assoc	iated Brok	er or Deal	er									
Stat	tes in Which												
	,				,							·····L	All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[TM]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[AW]	[WV]	[WI]	[WY]	[PR]
Ful	l Name (Las	t name fir	st, if indiv	idual)		 -							
			,										
Bus	iness or Re	sidence Ac	dress (Nu	mber and	Street, Cit	y, State, Zi	p Code)						
			`		,	,	1 ,						
Nar	ne of Assoc	iated Brok	er or Deal	er									
Stat	tes in Which	Person L	isted Has	Solicited o	r Intends t	o Solicit P	urchasers	 -					
													All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[sc]	[SD]	[TN]	[TX]	[UT]	[VT]	[AV]	[WA]	[wv]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

4	-				
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts				
	of the securities offered for exchange and already exchanged.				
	Torre of Consults		Aggregate		Amount Already Sold
	Type of Security	¢.	Offering Price	e	
	Debt	ъ_ ъ_		\$.	
	Equity	2 -	752,080.00	\$_	650,000.00
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$_	-0	\$_	-0
	Partnership Interests	. \$ _	-0	\$_	
	Other (Specify) Limited liability company membership units	\$_	-0	\$_	-0
	Total	\$_	752,080.00	\$_	650,000.00
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		3	\$	650,000.00
					-
	Non-accredited Investors		-0-	\$	-0-
	Total (for filings under Rule 504 only)		- 0-		-0-
	Answer also in Appendix, Column 4, if filing under ULOE	_			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505		n/a	\$	n/a-
	Regulation A		n/a	\$	n/a-
	Rule 504		n/a	\$.	n/a
	Total		n/a	\$.	n/a-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		. ,		
	Transfer Agent's Fees			□ \$_	-0-
	Printing and Engraving Costs			□ \$_	
	Legal Fees				10,000.00
	Accounting Fees			□ \$_	
	•			☐ \$_	
	Engineering Fees			□ \$. □ \$.	
	Other Expenses (identify) Finders' Fees			\$_ ☐ \$_	
					10,000.00
	Total	• • • • • • •		<u>~</u> □	10,000.00

C. OFFERING, PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

٠.	C. OFFERING, PRICE, NUMBER OF INVESTORS, EXPENS	ES AND USE OF PROC	CEEDS
•	b. Enter the difference between the aggregate price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>742,080.00</u>
5.	Indicate below the amount of adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	Payments To Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	S -0-	\$0-
	Purchase of real estate	\$0-	\$0-
	Purchase, rental or leasing and installation of machinery and equipment	S0-	\$0
	Construction or leasing of plant buildings and facilities	S -0-	\$0-
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$0	□\$ -0-
	Repayment of indebtedness	☐ \$ -0-	
	Working capital	□ \$ -0-	∑ \$ 742,080.00
	Other (specific):	\$0-	□ \$ -0-
	(0)	— •	
		□ \$ <u>-</u> 0-	\$0
	Column Totals	\$ -0-	∑ \$_742,080.00
	Total Payments Listed (column totals added)		42,080.00
	·	<u> </u>	
	D. FEDERAL SIGNATURE		
sigr	e issuer has duly caused this notice to be signed by the undersigned duly authorized personature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchaprimation furnished by the issuer to any non-accredited investor pursuant to paragraph (b).	inge Commission, upon wi	
	ner (Print or Type) ail Expansion Network, Inc. Signature		Date 5/2/06
	me of Signer (Print or Type) Title of Signer (Print or Type) Stephens Downs Title of Signer (Print or Type) Chief Financial Officer	e)	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned y authorized person.
	uer (Print or Type) sail Expansion Network, Inc. Signature 6/2/06
	me of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

*1 2 3 4 5										
• 1	to non- investo	d to sell accredited rs in State B-Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of in amount purc (Part C	5 Disqualification Under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)				
			Series A Preferred	Number of		Number of				
State	Yes	No	Stock	Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
AL	1 CS	NO		mvestors	Amount	investors	Amount	1 es	INO	
AK										
AZ										
AR			v	`			٠			
CA		X	\$200,000.00	1	\$200,000.00	-0-	-0-		X	
СО	,									
CT										
DE						·	;			
DC			·.							
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MD		1								
MA		X	\$150,000.00	1	\$150,000.00	-0-	-0-		X	
MI										
MN										
MS										
MO										
	L	L		<u> </u>]		L	l	l	

APPENDIX

1	2 3 4 5								
	to non- investo	nd to sell accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	·	Type of in amount purc (Part C	Disqualification Under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)			
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NE									
NV									
NH									
NJ									
NM									
NY		X	\$300,000.00	1	\$300,000.00	-0-	-0-		X
NC				·					
ND									
ОН			-			-			
OK						<u> </u>			
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
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